

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Document Number

10527-39300

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| | | |
|---|--------------|--------------|
| TOTAL CLAIMS | 72 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 72 minus 20= | 52 |
| INDEPENDENT CLAIMS | 8 minus 3= | 5 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

| | | | | |
|-----------|--------|----|-----------|--------|
| RATE | FEE | | RATE | FEE |
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9= | | OR | X\$18= | 936 |
| X42= | | OR | X84= | 420 |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | 2016 |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| | | | |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | 72 | 2 |
| | Independent | 8 | 3 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | | | | |
|------------|----------------|----|------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |
| ADDIT. FEE | | OR | ADDIT. FEE | |

| | | | |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | 75 | 3 |
| | Independent | 8 | 3 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | | | | |
|------------|----------------|----|------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |
| ADDIT. FEE | | OR | ADDIT. FEE | |

| | | | |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | | |
| | Independent | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | | | | |
|------------|----------------|----|------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |
| ADDIT. FEE | | OR | ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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MAY. 6. 2005 5:33PM

(3) FISH & RICHARDSON 6175428906

NO. 9801 P. 1 - - - -

Attorney's Docket No.: 10527-395001
Client's Ref. No.: 02-026

OFFICIAL COMMUNICATION FACSIMILE:

OFFICIAL FAX NO: (703) 872-9306

Number of pages including this page 14

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Applicant : Lixiao Wang et al.
Serial No. : 10/083,926
Filed : February 27, 2002

Art Unit : 3731
Examiner : Uyen T. Ho

Title : Medical Device

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attached to this facsimile communication cover sheet is Amendment in Reply to Action of March 9, 2005, faxed this 6th day of May, 2005, to the United States Patent and Trademark Office.

Respectfully submitted,

Date: May 6, 2005


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